

Renville
COUNTY
Service · Stewardship · Shared Responsibility

Kandiyohi-Renville Community Health Improvement Plan



Kandiyohi-Renville
Community Health Board
Public Health
Prevent. Promote. Protect.

Our plan for improving health, well-being, and quality of life in our communities.

December 2019

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Executive Summary

The community health improvement process is a comprehensive approach to assessing community health and developing and implementing action-plans to improve community health through community member and partner engagement. Every Minnesota Community Health Board (CHB) has a statutory responsibility to conduct a Community Health Assessment (CHA) at least every 5 years and to create a Community Health Improvement Plan (CHIP) based on that assessment. This 2020-2024 plan is based on the Community Health Assessment (CHA) that was completed in March of 2019.

Community partners and interested individuals from each county met throughout 2019 to review local data and provide input into the identification of top health issues. Input from these community conversations led to the identification of our top health priorities and the creation of this improvement plan. Results based accountability (RBA) process was used to identify underlying factors contributing to the priority health issues, identify additional community partners, and identify potential solutions to address root causes.

The three top identified priority areas are: **Mental Health/Well-Being, ACEs, and Alcohol, Tobacco and other Drugs.**

Community Health Priority	Health Improvement Goals
Kandiyohi and Renville-Mental Health/Well-Being: There is a growing interest and need for building community, family, and individual mental well-being and resilience.	Improve mental health/well-being for youth and adults
Renville-ACES-: Research shows that the adversity experienced as children can affect us into adulthood.	Increase awareness and understanding of the impact of ACEs on individuals throughout their lifespan, as well as on the community
Kandiyohi-Alcohol, Tobacco and other Drugs: Vaping usage among teens has skyrocketed and methamphetamine has made a comeback.	Reduce youth alcohol use Reduce youth tobacco and E-cigarette use Reduce adult methamphetamine use

The CHIP serves as the first step towards true community-centered planning, integration, cooperation, collaboration, and implementation of strategies to improve the health of those that live and work in our communities. Individuals and partners will work closely together in each priority area to promote health equity throughout diverse populations and to address social determinants of health in efforts to improve health outcomes.

Over the next five years, Kandiyohi-Renville CHB will lead in the implementation of the CHIP. Efforts and progress will be evaluated annually and updated as needed to align with community needs and resources. Updates and any revisions to the plan will be provided in annual reports.

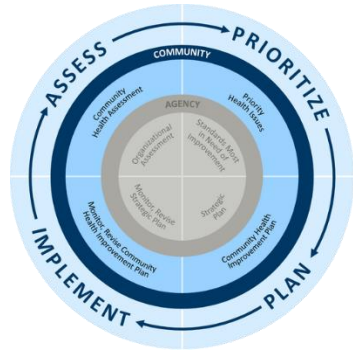
Community Partners: The following organizations had participants involved in community conversations to identify top health issues, goals, strategies, and action steps.

<p>Kandiyohi-Renville CHB Advisory Committee and Board</p>  <p>Kandiyohi-Renville Community Health Board Public Health Prevent. Promote. Protect.</p>	<p>CarrisHealth</p>  <p>Rice Memorial Hospital</p>	 <p>PACT for Families Collaborative</p>	 <p>RC HOSPITAL & Clinics</p>
 <p>WOODLAND CENTERS</p>	<p>CarrisHealth Pharmacy</p>  <p>CASH WISE Employee Owned</p>	 <p>Community Health Service Inc.</p>	 <p>Greater Minnesota FAMILY SERVICES Serving the Counties & Families of Minnesota</p>
 <p>The Kandiyohi County DFC Coalition Drug Free Communities</p>	 <p>Kandiyohi - Renville County SHIP STATEWIDE HEALTH IMPROVEMENT PROGRAM</p>	 <p>m DEPARTMENT OF HEALTH</p>	 <p>MINNESOTA RIVER Area Agency on Aging®</p>
 <p>Kandiyohi County Health & Human Services</p>	 <p>UNITED community Action PARTNERSHIP AMERICA'S POVERTY FIGHTING NETWORK</p>	 <p>BUFFALO LAKE-HECTOR-STEWART Home of the Mustangs</p>	 <p>Little Stangs Learning Center</p>
 <p>MACCRAJ Public Schools Maynard Clara City Raymond</p>	 <p>Prime West HEALTH</p>	 <p>RAPAD Renville Alliance for the Prevention of Alcohol and Drugs</p>	 <p>SHERIFF</p>
 <p>PROJECT Turnabout CENTER FOR ADDICTION RECOVERY</p>	 <p>LOWER SIoux INDIAN COMMUNITY</p>	 <p>GFW SCHOOLS</p>	 <p>Employee Owned Thrifty White PHARMACY EST. 1969</p>

			
			
 <p>Renville Co. Area Churches Ebenezer Presbyterian St. Paul's & Zion Lutheran United & Zion Methodist St. John's Lutheran Emden Christian Reform</p>	<p>HANTGE-MCBRIDE-HUGHES Dobratz - Dalin - Egesdal - Hauser - Paul FUNERAL CHAPELS & CREMATORY <i>"Celebrating Life"</i></p>		 <p>Veterans Parks Public Health Environmental Services Restorative Justice Human Services</p>
			 <p>Community Supported Agriculture</p>
			
		<p>SMAMHC SW MN Adult Mental Health Consortium</p>	

Introduction- What is a Community Health Improvement Plan?

A community health improvement plan (CHIP) is a long-term, systematic effort to address public health priorities identified during the Community Health Assessment (CHA) process. The CHIP is developed collaboratively with community partners to define a vision for the community's health, identify priorities, uncover solutions, and establish co-ownership of the plan as the community's plan, not the community health board's plan for the community.



Community health improvement planning is a foundational practice of public health as well as a national public health standard. The CHIP guides the community health board, partners, and stakeholders in improving the health of the county's population. It will be used to set priorities, coordinate efforts, and target local resources.

Public Health is what we, as a society, do collectively to assure the conditions in which people can be healthy.

~Institute of Medicine

Our People and Our Place

Kandiyohi County's motto is "Where the Lakes Begin" and it is dotted with numerous lakes, resorts, and campgrounds. Renville County has rich soil and is a state and regional leader in agriculture production. Both counties boast of beautiful county parks, clean air, and beautiful horizons.

Kandiyohi County (covering 862 square miles) is the 23rd most populated county in Minnesota, while Renville County (covering 983 square miles) is the 56th. Kandiyohi and Renville counties have a combined population of 57,155, with 42,495 people residing in Kandiyohi County and 14,660 in Renville County. By 2035, Kandiyohi County's population is expected to grow from an estimated 42,495 to 43,046, or about 28 people per year. Renville County's population is expected to decrease from an estimated 14,660 to 11,942.

The geography of both counties is primarily rural, with the largest town (Willmar), having a population of 19,610 and located in Kandiyohi County. Rural towns and areas can be isolating and residents often struggle with limited access to medical care, oral health care, mental health resources/care, internet, transportation, and food.

Health status is a product of many conditions and factors, such as living conditions and social and economic opportunity. Through our community health assessment (CHA), we identified the following concerns and strengths: (Refer to the CHA for detailed assessment data).



Kandiyohi and Renville Counties

Strengths:

- We have a history of a strong commitment to education and quality schools.
- Many of our residents have health insurance.
- We have quality health services within our counties and around the region.
- Our crime rate, compared to our urban counterparts, is lower.
- Our unemployment rate is lower than the national average.
- Our community partners have stated their commitment to increasing the opportunities for all people to be healthy.
- We have a long history of civic participation.
- We recognize that our growing demographic diversity—including racial and ethnic diversity, as well as an aging population—is an opportunity as we move in to the future.
- Many of our faith communities are active in social justice work.
- We have a strong tradition of industrial and agricultural innovation and community philanthropy.
- Our communities actively work to promote belonging, including city and county celebrations.
- We have great city and county parks, as well as wide open spaces, to provide opportunity for people to get outside, be active, and enjoy time with one another throughout the year.
- We have beautiful lakes and rivers. The state’s commitment to water protection helps ensure everyone has access to clean drinking water.
- Many people garden during the short summer season. In addition to home gardens, many of our towns and neighborhoods support community gardens and farmer’s markets.
- We’ve made progress toward equitable transportation, helping to assure access to jobs and services.

In 2016, 32.9% of Kandiyohi County's population and 37% of Renville County's population was aged 55 or older. Projections show by 2030, both counties will have 1 in 4 residents of retirement age.

Concerns:

- Aging populations challenge our capacity to adapt to the growing needs of our elderly, while still attending to the needs of our young people.
- Increasing racial and ethnic diversity requires us to assert our values of equity and opportunity for all.
- Employment in each county shows some inequity by race, gender, and disability.
- Lack of child care providers is an issue in both counties.
- Access to medical and dental care differs between the two counties.
- Increasing numbers of families struggle to make ends meet, highlighting the importance of assuring opportunities for education and good jobs with benefits.
- Our children under the age of 5 face a growing rate of poverty.
- Scarcity of affordable housing limits the ability of our young families and new immigrants to establish themselves and provide a healthy living environment for their children.
- Transportation systems in rural areas are unique- we cannot provide feasible and/or sustainable access to transportation in all areas.
- High rates of adults and children are receiving mental health services.
- Data shows emerging issues around substance use, particularly vaping, marijuana, opioids, and methamphetamine.
- We are seeing increasing rates of overweight and obese children and adults.
- An increasing number of children in our counties report adverse childhood experiences (ACEs)

Ratio of Health Care Providers to County Residents			
	<u>Kandiyohi</u>	<u>Renville</u>	<u>Minnesota</u>
Physicians	1 to 390	1 to 1,227	1 to 240
Mid-Level Practitioners	1 to 1,062	1 to 1,840	1 to 649
Dentists	1 to 2,124	1 to 3,680	1 to 1,784
Mental Health Therapists	1 to 512	1 to 1,227	1 to 536

16.2% of Renville County and 17% of Kandiyohi County children lived in poverty in 2016

Community Health Improvement Planning Process

Step 1- The Community Health Assessment (CHA): The Kandiyohi-Renville Health Assessment (CHA) was prepared under the Kandiyohi-Renville CHB leadership team known as *KaRe to Achieve*, using data from MDH, CDC, Student and PACT for Families Surveys, SW Regional Adult Health Survey, and local hospitals and clinics. The CHA was modelled after the Minnesota Department of Health (MDH) 2017 MN statewide Health Assessment and organized into the following sections, with a lens of social determinants of health and Adverse Childhood Experiences (ACEs):

- People
- Opportunity
- Nature
- Belonging
- Moving to a state of well-being
- Community Partnerships



Step 2- Initial Planning Meetings: *KaRe to Achieve* worked for over a year to compile, analyze, and critique data from many public sources. Subjective data was gathered from surveys to targeted populations and from a Health Equity Data Analysis (HEDA) study.

Step 3- Other Community Input: Each county hosted community conversation meetings to share findings of the CHA and HEDA. Over 110 community members participated in the conversations. Kandiyohi County used a process called “World Café”, where members were able to have table talk conversations around pre-determined questions. After each round (3) a harvesting of ideas was made. The community groups selected top health issues and priorities. Renville County used a process called ToP Consensus Workshop Method. This is a facilitation method used for community members to create consensus on the top health issues in a short period of time.



Step 4- Identify Top Issues: The Kandiyohi-Renville CHB Advisory Committee and the Kandiyohi-Renville CHB reviewed the top priorities identified by the community groups and identified the top ten issues based on specific criteria: size of the problem, groups impacted by the problem, community support, and available solutions and/or resources to impact the issue. The top ten issues are listed below, in alphabetical order.

Step 4- Identify Top Issues: The Kandiyohi-Renville CHB Advisory Committee and the Kandiyohi-Renville CHB reviewed the top priorities identified by the community groups and identified the top ten issues based on specific criteria: size of the problem, groups impacted by the problem, community support, and available solutions and/or resources to impact the issue. The top ten issues are listed below, in alphabetical order.

Top Ten Priority Issues

Adverse Childhood Experiences (ACEs)

Two of three children in Kandiyohi and Renville Counties have experienced at least one ACE and 1 in 8 have experienced 4 or more ACEs. Research shows that the adversity experienced as children can affect us into adulthood. The adversity we experience as a child can affect how our stress response functions, leading to long-term changes in our brains and bodies and leading to health problems and unhealthy coping. Early identification, support and understanding can build resiliency in children and adults who experienced early trauma.

Aging Population / Chronic Diseases

By 2035, the projected over 60-year-old population in Kandiyohi County is expected to be 31% of the total population while for Renville County, the projection is over 34%. The projected state average will be 26%. This shift in demographics will slow the work force growth and increase the demand for government and other support services. Even though aging brings with it cumulative effects of chronic diseases, there are also prevention opportunities to improve or maintain health in this population.

Alcohol, Tobacco & Other Drugs (ATOD)

Vaping usage with teens has skyrocketed and methamphetamine has made a comeback. While the rates for binge drinking and cigarette smoking in teenagers has shown a decline, there is still concern about teenage use and adult abuse. Marketing continues to target new users. Smoking remains the leading cause of death in the nation and state, thus efforts need to continue to reduce smoking rates across all populations.

Child Care Access

There are about 200 licensed child care providers in our counties. Despite these numbers, access to quality child care is difficult to find, with limited spots for infants. Without adequate and affordable day care access, families are finding barriers to employment. Income is one of the strongest and most consistent predictors of health and disease. Also, studies show that children who receive quality child care enter school with better math, language, and social skills.

Health Care Access and Cost

Residents of Kandiyohi and Renville Counties see healthcare as an important problem facing our counties. National polls repeatedly also show this as a concern. This includes total cost of health insurance and co-pays, prescription drugs, choosing care, and government benefits like Medicare and Medical Assistance. Dental and mental health access were also noted specifically.

Housing

33% of homes in Kandiyohi County and 57% in Renville were built before 1960. Many apartments and homes are aging and in need of repairs. Aspects of housing quality include air quality, home safety, space per individual and presence of mold, asbestos, or lead. Poor-quality housing is associated with various health issues, including chronic disease and injury and poor mental health. Low income families are more likely to live in poor-quality housing that can affect health.

Movement/ Lack of Physical Activity

Only 25% of male teens and 17% of female teens get recommended amount of physical activity each day. People of all ages from early childhood to elders are less active than recommended for optimal physical and mental health. When less physically active, individuals are more likely to develop heart disease, diabetes, high blood pressure, high cholesterol, and increased risk of a stroke. A unique barrier for residents are our extended winters. Regular movement can produce long term health benefits including adequate sleep, more energy, stronger muscles and bones, and less depression.

Mental Health (Illness and Well-being)

Mental illness and well-being were ranked number one over all issues for both counties, as it is tied to and affected by almost every other priority issue identified. 28% of adults in Kandiyohi and Renville Counties stated that their mental health was not good for 1-9 days of the month. Between 26-30% of our high school students felt sad or hopeless for 2 weeks or more in the past year. Mental and emotional health struggles can place significant strains on relationships, affect the ability to learn, work and be physically active, and can lead to self-harm. There is a growing interest and need for building community, family and individual mental well-being and resilience.

Obesity / Overweight

41.9% of Kandiyohi County adults are overweight and 26.3% are obese; while 36.2% of Renville County adults are overweight and 35.9% are obese. Nearly 60% of pregnant WIC participants in both counties are overweight or obese, along with about 30% of WIC children age 2-5. Obesity leads to long-term health complications (heart disease, diabetes, depression, arthritis, some cancers, etc.) Preventing obesity in children helps adolescents maintain a healthy weight into adulthood.

Transportation

Living in a rural area, it is recognized that having reliable transportation is a necessity for the quality of life. Most people own cars to get to work, school, appointments, entertainment, and shopping. CCT is the only public transit system covering 1,849 square miles in our counties, with gap areas of limited availability. Public transit has higher costs per ride in rural areas, due to long travel distances and low population densities. For some, longer commute times and lack of transportation options are barriers to employment.

Top Priority Issues

The Kandiyohi-Renville CHB identified Mental Health as a top issue to address for both counties. Community groups from each county selected a second top issue to address. For Kandiyohi County, Alcohol, Tobacco and other Drugs was selected and for Renville County Adverse Childhood Experiences (ACEs) was selected. Strategies and implementation plans in our CHIP will be focused around these three top health issues.

Alignment with State and National Priorities

Kandiyohi-Renville CHB	Healthy Minnesota 2022	Healthy People 2020	National Prevention Strategy	Minnesota Adolescent Health Plan	Cancer Plan Minnesota 2025	Governor's Task Force on Mental Health
Mental Health/Wellness	✓	✓	✓	✓		✓
Alcohol, Tobacco and other Drugs		✓	✓	✓	✓	✓
ACEs	✓	✓	✓	✓		✓

Healthy Minnesota 2022:

- Priority 1: The opportunity to be healthy is available everywhere and for everyone. A key condition in this priority is **positive early life experience**. Indicators in this condition include early childhood experiences (ACEs)
- Priority 3: All can participate in decisions that shape health and well-being. A key condition in this priority is **Just and violence-free communities**. Indicators in this area include adult experiences of trauma and access to mental health support and services for victims and perpetrators of violence.

Healthy People 2020:

- MHMD-3: Reduce the proportion of persons who experience major depressive episodes.
- MHMD-5: Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral.
- MHMD-6 Increase the proportion of children with mental health problems who receive treatment.
- MHMD-9: Increase the proportion of adults with mental health disorders who receive treatment.
- MHMD-11 Increase depression screening by primary providers.
- MHMD-10: Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders.
- EMC-2: Increase the proportion of parents who use positive parenting and communicate with their doctors or other health care professionals about positive parenting.

National Prevention Strategy:

- Mental and Emotional Well-being: Recommendation 1-Promote positive early childhood development, including positive parenting and violence free homes. Recommendation 3- Provide individuals and families with the support necessary to maintain positive mental well-being. Recommendation 4- Promote early identification of mental health needs and access to quality services.
- Priority- Tobacco Free Living: Recommendation 1- Support comprehensive tobacco free and other evidence based tobacco control policies. Recommendation 4- Use media to educate and encourage people to live tobacco free.
- Priority- Preventing Drug Abuse and Excessive Alcohol Use: Recommendation 1- Support state, tribal, local and territorial implementation and enforcement of alcohol policies. Recommendation 2- Create environments that empower young people not to drink and use other drugs. Recommendation 3- Identify alcohol and other drug abuse disorders early and provide brief intervention, referral and treatment. Recommendation 4- Reduce inappropriate access to and use of prescription drugs.

Minnesota Adolescent Health Action Plan:

- Priority area- Access to high-quality teen-friendly health care: Physical and mental health.
- Priority area- Positive Connection with Supportive Adults: Supportive schools and welcoming communities.

Cancer Plan Minnesota 2025:

- Objective 11 Tobacco Use- General: Reduce use of commercial and nicotine delivery devices.
- Objective 12 Tobacco Use- Disparities: Reduce disparities in commercial tobacco use.

Governor's Task Force on Mental Health (2016):

- Recommendation #1: Create a comprehensive mental health continuum of care.
- Recommendation #4: Use a cultural lens to reduce mental health disparities.
- Recommendation #6: Promote mental health and prevent mental illness.

Implementation Plan

In the following pages we will address each of our priorities in a concise format to show “why it is important”, “what do we know”, and “where do we want to be”. We will identify goals, objectives, and strategies for each of our three health priority areas based on the input from the community conversations. Results based accountability process was used for identifying underlying factors contributing to the priority health issues, identifying additional partners, and developing strategies.

Ongoing working documents will be included in the appendix. These will be used to record our progress toward goals and revisions made along the way. This plan a living document that has the ability to evolve. For example, an emerging health issue in our communities might develop and need to become a new priority, or perhaps we will make revisions after discovering that an original objective for a health priority issue is not “right” or not as measurable as we initially thought.

Community Health Priority: Mental Health

Why is this important?

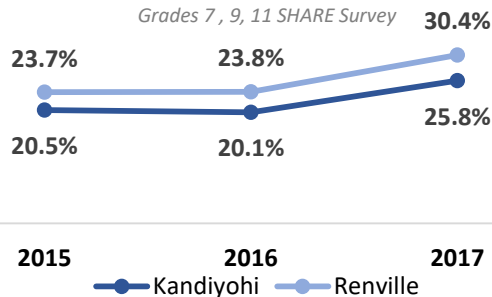
Mental health is as important as physical health. The World Health Organization (WHO) definition of mental health is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

What do we know?

Both students and adults in our counties are struggling with mental health/mental well-being.

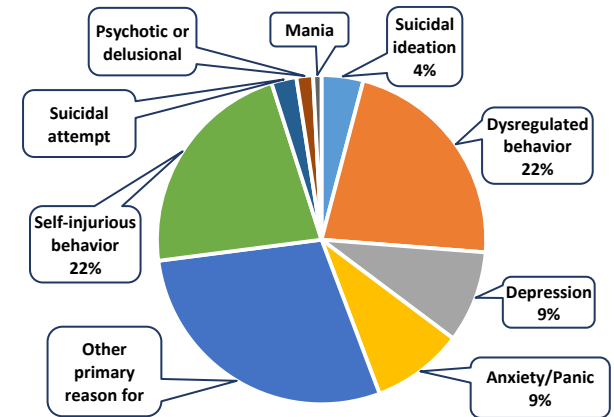
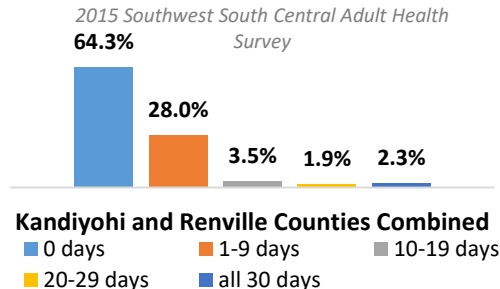
Students

In the past 12 months, I have felt so sad or hopeless for 2 or more weeks in a row that I have stopped doing some of my normal activities



Adults

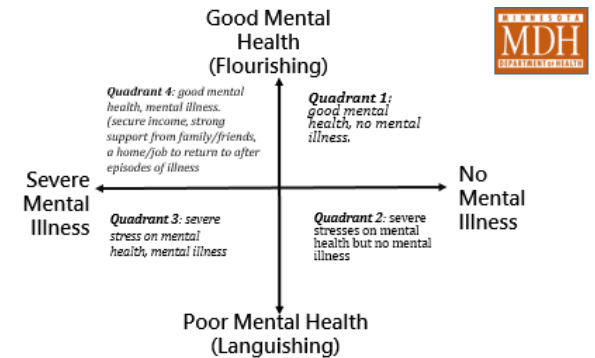
Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?



2016 Mobile crisis response data shows 170 dispatches in Kandiyohi County and 52 dispatches in Renville County. Overall dispatch data shows that 50% of the calls were youth related and 50% adults.

Where do we want to be?

GOALS:	Improve Mental Health/Well-being for Youth and Adults
OBJECTIVES:	Decrease by 5% the number of adults reporting poor mental health days by December 31, 2022
	Decrease by 5% the number of youth reporting sadness and hopelessness by December 31, 2024.
STRATEGIES:	Strengthen capacity to address mental well-being and improve coordination efforts
	Provide information and education to promote mental wellness



Community Health Priority: Alcohol, Tobacco and other Drugs

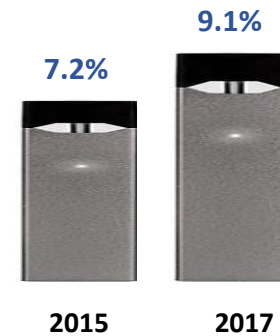
Why is this important?

Tobacco use remains the primary cause of preventable diseases and death in the nation and in the state. E-cigarettes have disrupted a 17-year downward trend in youth tobacco use. No amount of nicotine is safe for youth, it primes the adolescent brain for addiction and can harm the developing brain. Excessive alcohol use can result in harms such as motor vehicle injuries, violence, heart disease, cancer, alcohol poisoning, and poor birth outcomes. Opioid and other drug use can lead to preventable harms that are closely linked to the health and prosperity of communities.

What do we know?

E-cigarette use is on the rise among our youth. Nearly all e-cigarettes contain nicotine. Nicotine is highly addictive and youth who use e-cigarettes are more likely to go on to use traditional cigarettes. Alcohol use among all ages continues to be a concern due to Methamphetamine use among adults is an emerging issue and concern with not a lot of clear data to show. We do know that Kandiyohi County has an upward trend in adults in treatment for methamphetamine use and that human services, community corrections, and law enforcement are reporting seeing more use adults in the county.

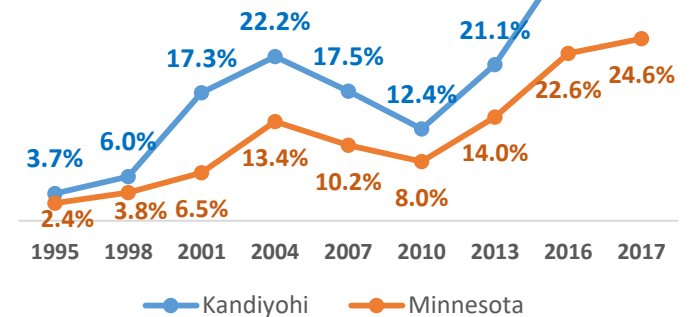
Student E-Cigarette Use 2015-2017



Where do we want to be?

GOALS:	Reduce youth alcohol use
	Reduce youth tobacco and E-cigarette use
	Reduce adult Methamphetamine use
OBJECTIVES:	Reduce underage youth drinking alcohol by 5% by December 31, 2024
	Reduce youth E-cigarette use by 5% by December 31, 2024
	Reduce adult Methamphetamine use by December 31, 2024
STRATEGIES:	Provide information to reduce underage drinking rates
	Enhance skills to reduce underage drinking rates
	Provide support to reduce underage drinking rates
	Provide support to reduce E-cigarette use
	Modify/change policies to reduce tobacco use rates

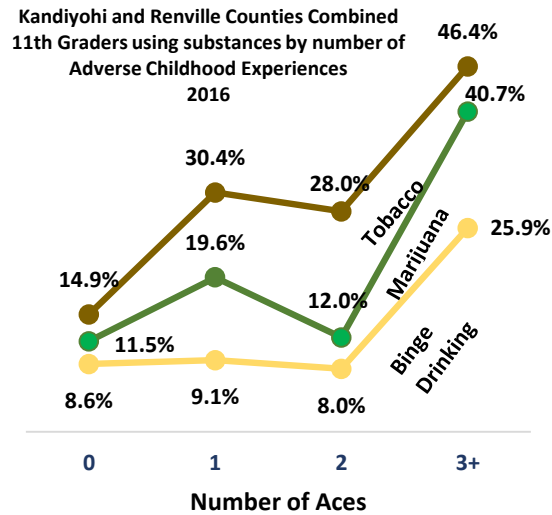
Percent of Kandiyohi County Methamphetamines Admissions to Minnesota Treatment Facilities for Drug Use, 1995 – 2016



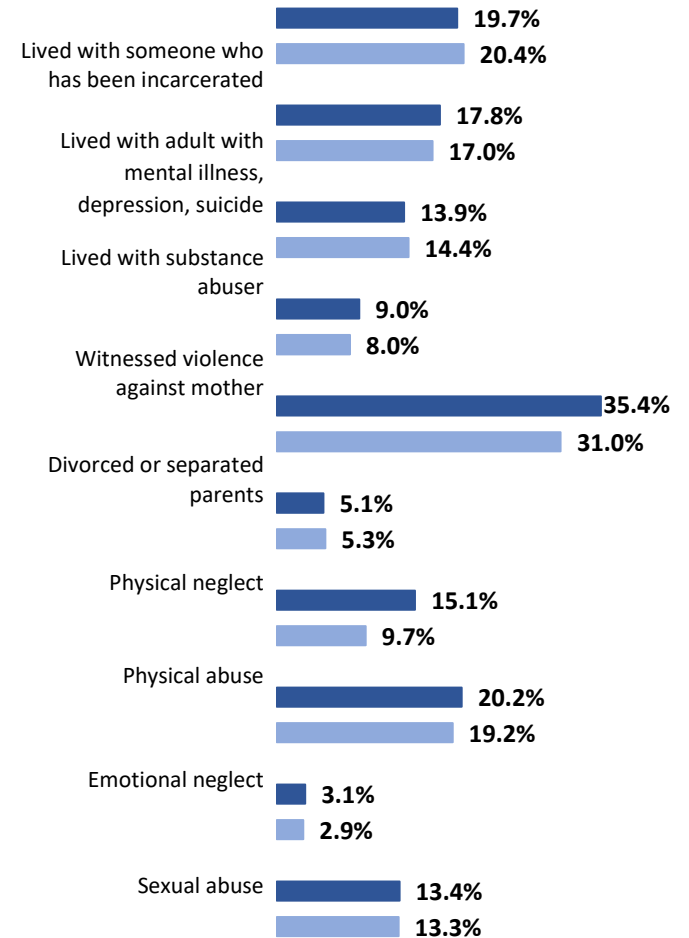
Community Health Priority: Adverse Childhood Experiences

Why is this important? Negative experiences, especially adverse childhood experiences (ACEs) shape lifelong health. ACEs are traumatic events in life occurring before a child turns 18. Dr. Robert Block, the former President of the American Academy of Pediatrics, said “adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today”. Adults who experienced ACEs are three times more likely to have asthma, four times more likely to have depression, six times more likely to have anxiety, and twice as likely to engage in chronic drinking.

What do we know? Even though ACEs are experienced in childhood, they have a powerful effect on entire lives. Our data shows that we have a high percentage of children/youth in our counties that have one or more adverse childhood experience(s). The more ACEs experienced, the more likely one is to experience health problems later in life.



Percentage of Students Who Have Experienced an Indicated Adverse Childhood Experience (ACE)



■ Kandiyohi ■ Renville

Where do we want to be?	
GOALS:	Increase awareness and understanding of the impact of ACEs on individuals throughout their lifespan, as well as on the community
	Create and provide toolkits to be used throughout multiple sectors to prevent and intervene in ACEs.
OBJECTIVES:	Train 10% of Renville County adults (≥18 years) in baseline knowledge of ACEs by December 31, 2024 as measured by attendance records.
	Research and create 2 toolkits by December 31, 2021.
STRATEGIES:	Support champion capacity to address ACEs through education
	Provide education and toolkits to promote an ACEs informed community

Addendum

Ongoing Working Documents

Priority: Mental Health/Wellness		Goal: Improve mental health and well-being of adults and youth			
Outcome Objective 1: Decrease by 5% the number of youth reporting sadness and hopelessness by December 31, 2022 <input type="checkbox"/> Met <input type="checkbox"/> Revised <input type="checkbox"/> Unable to meet					
Data Source		Pact 4 SHARE survey- In 2017, 25.8% of Kandiyohi and 30.4% of Renville County 7 th , 9 th , and 11 th graders agreed “in the past 12 months, I have felt so sad or hopeless for 2 or more weeks in a row that I have stopped doing some of my normal activities”. (2016 data: 20.5% in Kandiyohi county and 23.7% in Renville County)			
Target Population		All Jr/High school aged Youth in Kandiyohi and Renville counties			
Outcome Objective 2: Decrease by 5% the number of adults reporting poor mental health days by December 31, 2024 <input type="checkbox"/> Met <input type="checkbox"/> Revised <input type="checkbox"/> Unable to meet					
Data Source		2015 Southwest/South Central Adult Health Survey: In 2015, 35.7% of survey respondents in Kandiyohi and Renville counties responded one or more days “thinking about your mental health, which includes stress, depression, and problems with emptions, for how many days during the past 30 days was your mental health not good?”			
Target Population		All adults, age 18 and up, in Kandiyohi and Renville counties			
Strategy 1 Strengthen capacity to address mental well-being and improve coordination efforts					
Action Steps	Partners *Indicates lead	Anticipated Outcome/Measures	Target Date	Date complete	Progress/Notes Include any revision and rationale
Recruit members to the Mental Health/Well-Being work group	Kandiyohi: *Public Health, Schools, Woodland Centers, Carris Health, UCAP, Pact for Families, SMAMHC, Community members Renville: *Public Health, *UCAP, Schools, RC Hospital & Clinics, SWCD, Faith Community, Community Members	<ul style="list-style-type: none"> 6-8 members Representation from 4 community sectors 	Dec 2019		
Work Group will meet at least 6 times		<ul style="list-style-type: none"> 6 meetings completed 75% of work group members will consistently attend meetings 	Dec 31, 2020		
Work Group will identify timeline for action plan implementation and identify any additional action steps needed.		<ul style="list-style-type: none"> Timeline completed, including action steps dates 	Dec 31, 2020		
Work Group will implement, monitor, and review action plan annually		<ul style="list-style-type: none"> 80% of timelines met Barriers to implementation identified and documented 	Dec 31, 2020		
Work Group will be surveyed annually to assess member satisfaction		<ul style="list-style-type: none"> 90% of members surveyed 80% satisfaction with group mtgs, function, roles, process, and activity 	Dec 31, 2020		
Work Group will develop action steps for year 2021 and identify how others in the community can contribute		<ul style="list-style-type: none"> Define 3-4 action steps for year 2021 Determination of leads for new action steps and any additional partners needed. 	Dec 31, 2020		

Strategy 2		Provide information, education, and community initiatives to promote mental wellness			
Action Steps	Partners *Indicates lead	Anticipated Outcome/Measures	Target Date	Date complete	Progress/Notes Include any revision and rationale
Work Group will identify 2 action steps that will actively promote ways to increase social connection and decrease isolation.	Kandiyohi: *Vision 2040, Public Health, Schools, Woodland Centers, Carris Health, UCAP, Pact for Families, SMAMHC Renville: *Public Health, *UCAP, RC Hospital & Clinics, SWCD, Faith Community, Human Services, Community Members	2 action steps identified around promotion of mental well-being	Dec 31, 2020		
Work Group will create a list of local agencies that provide services to address mental health/well-being.		Complete list of providers with services around mental health/well-being.	Dec 31, 2020		
Work Group will contact a above identified agencies to find out point of contact		Provider/Agency list complete with point of contact for each.	Dec 31, 2020		
Work Group will develop action steps for year 2021		<ul style="list-style-type: none"> Define 3-4 action steps for year 2021 Determination of leads for new action steps and any additional partners needed. 	Dec 31, 2020		
Work Group will reach out to area schools to assess current mental health/well-being climate at schools. Identify any evidence based curriculum currently used.		Kandi: NLS, Willmar, CMCS, MACCRAY, ACGC, Dream Academy, CCS, Pact for Families Renville: BOLD, BLHS, RCW, GFW, Cedar Mountain, PACT for Families	<ul style="list-style-type: none"> List of area curriculums around mental well-being Determine which are evidence based curriculum 	Dec 31, 2020	

Priority: Alcohol, Tobacco, and Other Drugs		Goal: Reduce youth alcohol use			
Outcome Objective: Reduce underage youth drinking alcohol by 5% by December 31, 2024 <input type="checkbox"/> Met <input type="checkbox"/> Revised <input type="checkbox"/> Unable to meet					
Data Source		Pact 4 SHARE survey & Minnesota Student Survey			
Target Population		All Jr/High school aged Youth in Kandiyohi county			
Strategy 1		Provide information to reduce underage drinking rates			
Action Steps	Partners *Indicates lead	Anticipated Outcome	Target Date	Completion Date	Progress/Notes Include any revision and rationale
Hold Town Hall Meeting on Underage Alcohol Use for community	*Town Hall Meeting Task Force, Kandiyohi Drug Free Communities Coalition (DFC),		April 30, 2020		11-21-19 held town hall meeting on Alcohol use with the community 40 community members attended
Utilize Social Media Campaigns Aps, (i.e. "Talk. They Hear You" developed by SAMHSA) Snapchat, Twitter, Facebook and Instagram	*DFC, Alcohol Sub Committee		September 29, 2020		
Strategy 2		Enhance skills to reduce underage drinking rates			
Action Steps	Partners *Indicates lead	Anticipated Outcome	Target Date	Completion Date	Progress/Notes Include any revision and rationale
Encourage Local retailers to attend the free Beverage Server Training	Willmar Police Department, Alcohol Sub Committee, *DFC Coordinator		August 30, 2020	August 30, 2020	
Host a "Hidden in Plain Site" Event	*DFC Coordinator, Alcohol Sub Committee		June 30, 2020		
Strategy 3		Provide support to reduce underage drinking rates			
Action Steps	Partners *Indicates lead	Anticipated Outcome	Target Date	Completion Date	Progress/Notes Include any revision and rationale
Provide City Councils with a comprehensive SHO language	*DFC Coordinator		September 29, 2020		
Continue discussion with local Representative regarding a State with SHO	*DFC Coordinator, Alcohol Sub Committee, MPA		September 29, 2020		

Priority: Alcohol, Tobacco, and Other Drugs		Goal: Reduce youth Tobacco and E-cigarette use			
Outcome Objective: Reduce youth E-cigarette use by 5% by December 31, 2024 <input type="checkbox"/> Met <input type="checkbox"/> Revised <input type="checkbox"/> Unable to meet					
Data Source		Pact 4 SHARE survey- Minnesota Student Survey			
Target Population		All Jr/High school aged Youth in Kandiyohi county			
Strategy 1		Provide support to reduce tobacco and E-cigarette use			
Action Steps	Partners *Indicates lead	Anticipated Outcome	Target Date	Completion Date	Progress/Notes Include any revision and rationale
Provide City Councils with a comprehensive tobacco free park policy which includes electronic devices	DFC Coordinator Tobacco Sub Committee		September 29, 2020		
Strategy 2		Modify/Change policies to reduce tobacco use rates			
Action Steps	Partners *Indicates lead	Anticipated Outcome	Target Date	Completion Date	Progress/Notes Include any revision and rationale
Provide City Councils with a comprehensive tobacco free park policy which includes electronic devices	* Tobacco Sub Committee, DFC		September 29, 2020		
Pass a comprehensive Tobacco 21 Ordinance for Kandiyohi County	*Tobacco Sub Committee, DFC, City Governments		September 29, 2020		

Priority: Alcohol, Tobacco, and Other Drugs		Goal: Reduce adult methamphetamine use			
Outcome Objective: Reduce adult methamphetamine by December 31, 2024		<input type="checkbox"/> Met <input type="checkbox"/> Revised <input type="checkbox"/> Unable to meet			
Data Source					
Target Population		Adults, aged 18 and up, in Kandiyohi County			
Strategy 1					
Action Steps	Partners *Indicates lead	Anticipated Outcome	Target Date	Completion Date	Progress/Notes Include any revision and rationale
Form a workgroup					

Priority: Adverse Childhood Experiences		Goal: Increase awareness and understanding of the impact of ACEs on individuals throughout their lifespan, as well as on the community			
Outcome Objective: Train 10% of Renville County adults (≥18 years) in baseline knowledge of ACEs by December 31, 2024 as measured by attendance records <input type="checkbox"/> Met <input type="checkbox"/> Revised <input type="checkbox"/> Unable to meet					
Data Source		2018 census.gov County Population Tables- According to the tables the adult population (≥18) of Renville County is 11,227. We plan to reach 10% of the total population which is 1,123. We will track this on attendance lists from trainings during 2020-2024.			
Target Population		Renville County adult (≥18) residents.			
Strategy 1		Train 10% of Renville County adults (≥18) in baseline knowledge of ACEs by December 31, 2024 as measured by attendance records			
Action Steps	Partners *Indicates lead	Anticipated Outcome	Target Date	Completion Date	Progress/Notes Include any revision and rationale
Reach out to community partners and invite to be a part of ACEs coalition.	*Greater MN Family Services, Renville County *Jail Admin, *Public Health, Hospital, Private Business Sector, Renville County Restorative Justice, PrimeWest Health Behavior Health, Churches, Hospital Foundation, *Pact for Families Mental Health Collaborative, Community Partners.	A committed group of active participants	Dec 2019	Started meeting Dec 9, 2019	Well attended and did get active participation. Engaged conversation about everyone's' passion and experience of ACEs. Team agreed to meet monthly.
Identify ACEs Trainers.	Annie Tepfer (DFC- Pact) Wendell Veurink (GMFS) Andrew Peltz (RJ) Ned Wohlman (Jail)	A passionate group of trainers	Jan 2020	Committed Jan 8, 2020	Team would support the 4 trainers work.
Create a list who has been trained	Pact for Families and 4 trainers	A list of number of RC resident who have been trained	Feb 2020		
Create a 2020-2021 calendar of trains	*Greater MN Family Services, Renville County *Jail Admin, *Public Health, Hospital, Private Business Sector, Renville County Restorative Justice, PrimeWest Health Behavior Health, Churches, Hospital Foundation, *Pact for Families Mental Health Collaborative, Community Partners.	A plan of who we will begin to reach	May 2020		
Train the resident in 2020-2024	*Greater MN Family Services, Renville County	Reach 10% of Renville County adults (≥ 18)	2020-2024		

	*Jail Admin, *Public Health, Hospital, Private Business Sector, Renville County Restorative Justice, PrimeWest Health Behavior Health, Churches, Hospital Foundation, *Pact for Families Mental Health Collaborative, Community Partners.				
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Priority: Adverse Childhood Experiences		Goal: Create and provide toolkits to be used throughout multiple sectors to prevent and intervene in ACEs.			
Outcome Objective: Research and create 2 toolkits by December 31, 2021 <input type="checkbox"/> Met <input type="checkbox"/> Revised <input type="checkbox"/> Unable to meet					
Data Source		2 evidence informed toolkits for professional use within different sectors (potent sectors -school, clinic, and community)			
Target Population		School, Clinic, and Community.			
Strategy 1		Research and create 2 toolkits by December 31, 2021.			
Action Steps	Partners *Indicates lead	Anticipated Outcome	Target Date	Completion Date	Progress/Notes Include any revision and rationale
Research what has already been developed and working in ACEs prevention and intervention.	*Greater MN Family Services, Renville County *Jail Admin, *Public Health, Hospital, Private Business Sector, Renville County Restorative Justice, PrimeWest Health Behavior Health, Churches, Hospital Foundation, *Pact for Families Mental Health Collaborative, Community Partners.	Lots of information to sift through.	Start Jan 2020 Complete research and sifting June 2020		
Create the toolkit	*Greater MN Family Services, Renville County *Jail Admin, *Public Health, Hospital, Private Business Sector, Renville County Restorative Justice, PrimeWest Health Behavior Health, Churches, Hospital Foundation, *Pact for Families Mental Health Collaborative, Community Partners.	2 toolkits	1 st toolkit: January 2021 2 nd toolkit: January 2022		
Incorporate the toolkits in the trainings.	4 trainers	Toolkit will be handed to potential partners- schools, community, and clinic	1 st toolkit: January 2021 2 nd toolkit: January 2022		

<p>Pilot the toolkits in the 2 sectors (potential - community, school, and clinic)</p>	<p>Public Health, 4 trainers, school, community and clinic.</p>	<p>Champions will pilot toolkits with some resistance.</p>	<p>1st toolkit: Sept 2021 2nd toolkit: Sept 2022</p>		
<p>Evaluate and Adopt ACEs informed strategies in the 2 sectors.</p>	<p>Public Health and Pact for Families</p>	<p>Potential change of some systems to be ACEs informed.</p>	<p>2024</p>		